Interim Guidance to Health Departments on Active Surveillance for Illness Among Close Household Contacts of Patients with Suspected SARS

Early identification of suspected SARS among household contacts of SARS patients will allow early implementation of infection control measures. The following interim guidance is intended for health departments as they implement active surveillance among close household contacts of SARS patients. The guidelines below outline the basic components of active surveillance for SARS among close household contacts of patients with SARS. Health departments may want to expand or alter these activities to better meet local objectives. Active surveillance for symptoms among close contacts of SARS patients can be achieved by communicating with each one at least once per day and asking about fever and respiratory symptoms.

- 1) Health departments should inform close household contacts of SARS patients of the following:
 - a) The individual should be vigilant for fever, or respiratory symptoms. For persons with chronic respiratory symptoms, changes from baseline respiratory symptoms should be assessed.
 - b) The individual should measure their temperature twice a day (in the morning and at night) with a thermometer.
 - c) The individual should seek health-care evaluation immediately if they develop fever or respiratory symptoms.
 - d) When possible, in advance of the evaluation, the individual should inform their health-care providers that they may have been exposed to SARS.
 - e) The individual should call the health department to report a fever or respiratory symptoms.
- 2) Active surveillance among close contacts may be discontinued 10 days after last contact with the suspected SARS patient, or for 10 days after the suspected SARS patient has resolution of fever and respiratory symptoms
- 3) Close contacts of SARS patients who develop fever or respiratory symptoms during the 10 days following last known exposure should avoid contact with others, seek immediate medical evaluation, and practice infection control (http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm) precautions recommended for SARS patients in the home or residential setting. Symptomatic exposed close contacts should not go to school or work, but should stay home while arranging healthcare evaluation; in advance of the evaluation, healthcare providers should be informed that the individual may be developing SARS.
- 4) If symptoms do not progress to meet the suspect <u>SARS case definition</u> (http://www.cdc.gov/ncidod/sars/casedefinition.htm) within 72 hours after first symptom onset, the contact may be allowed to return to school or work, and infection control precautions can be discontinued.
- 5) For exposed contacts who go on to meet the case definition for suspected SARS (e.g., develop fever and respiratory symptoms), <u>infection control</u> precautions should be continued until 10 days after the resolution of fever, provided

- respiratory symptoms are absent or improving. Suspected SARS should be reported to local health authorities, school officials, and other healthcare providers immediately.
- 6) At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of SARS patients need not limit their activities outside the home
- 7) The attached tracking form is an example of one method for tracking communications with contacts of SARS patients. This form may be modified for self-collection of data by household contacts.
- 8) Based on reviews of clinical histories from suspected SARS patients, symptoms that appear to be early indications of SARS include fever, cough, shortness of breath, myalgia, chills and headache.
- 9) CDC is currently conducting a household transmission survey to assess rates of SARS transmission among household contacts of persons with a high likelihood of SARS infection. If you are aware of households that may be eligible for enrollment in this survey, please contact Sara Lowther (<u>sgl6@cdc.gov</u>; Telephone: 404-639-5038 or 404-434-3296) for more information.

Contact Name:		Phone Number:				
Date	Time	Temp >100.4 F	Cough	Shortness of Breath	Myalgia	Chills
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